PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 Expires 4/30/2011

	•							
1.0	PHA Name: Housing Authority of the County of Cumberland PHA Code: IL070 PHA Type: ☐ Small ☐ HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 04/010/2010							
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 92 Number of HCV units: 15							
3.0	Submission Type ☐ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only							
4.0	PHA Consortia PHA Co	onsortia	: (Check box if submitting a joir	nt Plan and complete table belo	w.)			
	PHA	Λ	Program(s) Included in the	Programs Not in the	No. of Unit	s in Each		
	Participating PHAs Cod		Consortia	Consortia	Program PH	HCV		
	PHA 1:				111	ne,		
	PHA 2:							
5 0	PHA 3:	· 37 D	N 1 4					
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5	-Year P	'lan update.					
5.1	Mission. State the PHA's Mission for serving the							
	jurisdiction for the next five years: The mission of				equate affordal	ble housing,		
5.2	economic opportunity and a suitable living environ Goals and Objectives. Identify the PHA's quantif				of low-incom	e and very		
J.2	low-income, and extremely low-income families for							
	and objectives described in the previous 5-Year Pla			1 0				
	PHA Goal: Expand the supply of assisted housing							
	Objective: Continue to try to reduce public housing PHA Goal: Improve the quality of assisted housing		cies					
	Objective: Increase customer satisfaction	>						
	PHA Goal: Promote self-sufficiency and asset deve							
	Objective: Encourage residents to become self-suff					ıfully		
	employed without rent penalty. To delay rent increases and to keep flat rents at a level to encourage tenants to seek job opportunities PHA Plan Update							
	1 IIA I Iali Opuate							
	(a) Identify all PHA Plan elements that have been	revised	l by the PHA since its last Annu	al Plan submission:				
6.0	1. VAWA - Attachment - il070a02							
	 Carbon Monoxide Detectors – il070b02 Procurement Policy Amendments – il070c0 	02						
	4. Financial Resources – il070m02	02						
	(b) Identify the specific location(s) where the publ	lic may	obtain copies of the 5-Year and	Annual PHA Plan. For a comp	plete list of PH	IA Plan		
	elements, see Section 6.0 of the instructions.	1						
	Housing Authority of the County of Cumberlan 206 East Washington Street	ına						
	Toledo, Illinois 62468							
	Hope VI, Mixed Finance Modernization or Deve				using, Homeo	ownership		
	Programs, and Project-based Vouchers. Include	e statem	ents related to these programs a	is applicable.				
8.0	Capital Improvements. Please complete Parts 8.1	1 throug	sh 8.3, as applicable.					
	Capital Fund Program Annual Statement/Perfo		J E		1 Dl	11		
	complete and submit the Capital Fund Program An							
	open CFP grant and CFFP financing.	initial Si	anement of ormance and Even	auton Report, Tollin 110D 300	73.1, 101 cach	carrent and		
8.1	IL06P070501-06 Attachment il070d02							
	IL06P070501-07 Attachment il070e02							
	IL06P707501-08 Attachment il070f02 IL06S070501-09 Attachment il070g02							
	IL06P070501-09 Attachment il070h02							
	IL06P070501-10 Attachment il070i02							
8.2	Capital Fund Program Five-Year Action Plan.							
	Program Five-Year Action Plan, form HUD-50075 for a five year period). Large capital items must be				nt year, and ad	d latest year		
	Attachment il070i02	e menud	eu in the Five-Tear Action Plan	•				

(CFFP)
ED.

8.3

9.0

Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.

Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and locate

Housing Needs of Families in the Jurisdiction by Family Type

Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location
Income Less Than or = to AMI	93	2	2	1	1	2	1
Income Greater Than 30% or = to 50% of AMI	53	3	2	1	1	2	1
Income Greater Than 50% but Less than 80% of AMI	28	4	3	1	1	2	1
Elderly	46	4	2	1	2	3	3
Families With Disabilities	Not Available						
White	100%	3	2	1	1	2	1
Black and Other	0						
Race/Ethnicity							
Race/Ethnicity							

9.1 Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.

We will continue to try to maximize the number of affordable units available to the PHA within its current resources by trying to reduce turnover time for vacated public housing units. We will also continue to apply for Capital Funding for modernizing our current inventory to meet the needs of our resident. The HACC does not have a waiting list at the current time, therefore there is no need for construction of new dwelling units.

Additional Information. Describe the following, as well as any additional information HUD has requested.

10.0

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

We have and will continue to maintain the real estate of the HACC in a decent condition, its current response time to 24 hours in responding to emergency work orders, and will continue to ensure equal treatment of all applicants, residents and participants

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

Substantial deviations modifications and significant amendments are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission goals, objectives, plans of the agency and which require formal approval of the Board of Commissioners.

- 11.0 Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
 - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
 - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
 - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
 - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA

Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.

Attachment il070k02

- (g) Challenged Elements
- (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)

Signed 50075.1 – Attachment il070l02

(i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

Part I: Su	ımmary				31-		
PHA Name Housing Ar of the Cour Cumberlan	c: uthority ity of Capital Fund Program Grant No: IL06P07050106 Replacement Housing Factor Grant No:		FFY of Grant:2006 FFY of Grant Approval: 2006				
Date of CFFP:							
Type of Grant							
F	nal Annual Statement Reserve for Disasters/Emergenci	es	-	evised Annual Statement (revision no:).		
	rmance and Evaluation Report for Period Ending:			nal Performance and Evaluation Repo			
Line	Summary by Development Account		Total Estimated Cost		tal Actual Cost 1		
		Original	Revised	Obligated	Expended		
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)	129160		126160	129160		
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
	re of Executive Director Date	12/11/2009	Signature of Public He	ousing Director	Date		
	and I I I						

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Su	ımmary								
Housing An	PHA Name: Housing Authority of the County of Cumberland Grant Type and Number Capital Fund Program Grant No: IL06P07050107 Replacement Housing Factor Grant No: Date of CFFP:					rant:2007 rant Approval: 2007			
Type of Gr	Type of Grant								
Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)		
Performance and Evaluation Report for Period Ending:									
Line	Summary by Development Account		Total Estin	nated Cost		Total A	ctual Cost 1		
		Original		Revised ²	2	Obligated	Expended		
18a	1501 Collateralization or Debt Service paid by the PHA								
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			5					
19	1502 Contingency (may not exceed 8% of line 20)			and the second s					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	125497		125497		125497	125497		
21	Amount of line 20 Related to LBP Activities								
22	Amount of line 20 Related to Section 504 Activities						· ·		
23	Amount of line 20 Related to Security - Soft Costs								
24	Amount of line 20 Related to Security - Hard Costs						9		
25	Amount of line 20 Related to Energy Conservation Measures			-					
Signature of Executive Director Date 12/11/2009 Signature of Public Housing Director Date							Date		

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Part I: S	Summary						
PHA Nam Housing A of the Cou Cumberla	Authority inty of Capital Fund Program Grant No: IL.06P07050108 Paging Sentence Front No: Paging Sentence Front No: Paging Sentence Front No: Paging Sentence Front No: Paging Sentence Front No:		FFY of Grant:2008 FFY of Grant Approval: 2008				
Type of Grant							
Origi	inal Annual Statement Reserve for Disasters/Emergen	cies	□ F	Revised Annual Statement (revision no:)		
Perfo	ormance and Evaluation Report for Period Ending: 12/31/2009			☐ Final Performance and Evaluation Re	port		
Line	Summary by Development Account		Total Estimated Cost		l Actual Cost ¹		
		Original	Revised	Obligated	Expended		
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)	132458	132458	94096.49	14586.57		
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
_	re of Executive Director Dat	e 12/11/2009	Signature of Public H	lousing Director	Date		

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Part I: S	ummary					•	
PHA Name Housing A of the Cou Cumberlan	uthority nty of Capital Fund Program Grant No: IL106S07050109 Perleagment Housing Factor Grant No:			100 Mar. 100 Mar. 100 Mar. 100	Frant:2009 Frant Approval: 2009		
Type of Grant							
Origi	nal Annual Statement Reserve for Disasters/Emergence	ies		Revised Ann	ual Statement (revision no:)	
Perfo	rmance and Evaluation Report for Period Ending: 12/31/2009			☐ Final Pe	erformance and Evaluation Repo	ort	
Line	Summary by Development Account		Total Estimated Cost			Actual Cost 1	
		Original	Revi	sed ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA				:		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)	167665	00.00		167665	149253.63	
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs					,	
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director Date 12/11/2009 Signature of Public Housing Director Date						Date	

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Part I: Su	ummary							
Housing Au of the Cour	PHA Name: Housing Authority of the County of Cumberland Grant Type and Number Capital Fund Program Grant No: IL06P07050109 Replacement Housing Factor Grant No: Date of CFFP:					FFY of Grai	nt:2009 nt Approval: 2009	
Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending: 12/31/2009					☐ Revised Annual Statement (revision no: ☐ Final Performance and Evaluation Report			
Line		by Development Account		Total Estim		_ Tinai I ci io		ctual Cost 1
Line	Summary	by Development Account	Original		Revised ²		Obligated	Expended
18a	1501 Colla	ateralization or Debt Service paid by the PHA						
18ba	9000 Coll	ateralization or Debt Service paid Via System of Direct Payment						
19	1502 Con	tingency (may not exceed 8% of line 20)			***************************************			
20	Amount o	f Annual Grant:: (sum of lines 2 - 19)	132032		00.00	0	00.00	00.00
21	Amount o	f line 20 Related to LBP Activities						
22	Amount o	f line 20 Related to Section 504 Activities						
23	Amount o	f line 20 Related to Security - Soft Costs						
24	Amount o	f line 20 Related to Security - Hard Costs						
25	Amount o	f line 20 Related to Energy Conservation Measures						
,	Signature of Executive Director Date 12/11/2009 Signature of Public Housing Director Date							

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Part I: S	ummary						
PHA Name Housing A of the Cou Cumberlan	uthority nty of	Grant Type and Number Capital Fund Program Grant No: IL06P07050110 Replacement Housing Factor Grant No: Date of CFFP:				Grant:2010 Grant Approval: 2010	
Type of Grant							ì
	nal Annual	Statement Reserve for Disasters/Emergenci Evaluation Report for Period Ending: 12/31/2009	es			nual Statement (revision no: Performance and Evaluation Rep) ort
Line		by Development Account		Fotal Estimated Cost			Actual Cost 1
Zinc	Summary	by Development Recount	Original		Revised ²	Obligated	Expended
18a	1501 Colla	ateralization or Debt Service paid by the PHA			H. J. Clerker, W. Charles, Market and Company of the Company of th		
18ba	9000 Colla	ateralization or Debt Service paid Via System of Direct Payment					
19	1502 Cont	tingency (may not exceed 8% of line 20)					
20	Amount o	f Annual Grant:: (sum of lines 2 - 19)	132032	00.00		00.00	00.00
21	Amount o	f line 20 Related to LBP Activities					
22	Amount o	f line 20 Related to Section 504 Activities					
23	Amount o	f line 20 Related to Security - Soft Costs					
24	Amount o	f line 20 Related to Security - Hard Costs					
25	Amount o	of line 20 Related to Energy Conservation Measures					
		cutive Director Date	12/11/2009	Signature of Pu	blic Housing l	Director	Date

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THE HOUSING AUTHORITY

Of the County of Cumberland, Illinois

P. O. Box 160 TOLEDO, ILLINOIS 62468 (217) 849-2071 FAX (217) 849-3030

REX LINDLEY, Chairman MICHAEL FLETCHER, Vice-Chairman JAMES WILLIAM CLINE BRAD FITCH STEVE MAROON SHARON TROSTLE, Executive Director

Attachment il070k02

Resident Advisory Board Recommendations:

The RAB did not have any recommendations for changes to any policies of the Authority.

The Public Hearing was held on December 11th, 2009 with the following in attendance:

Chairman Lindley Commissioner Applegate Commissioner Fitch Sharon Trostle, Executive Director

No Public Comments were submitted.

Part	Part I: Summary								
PHA	Name/Number : Housing Au	thority of the	Locality: Cumberland	County, Illinois	⊠Original 5-Year Plan □ Revision No:				
	nty of Cumberland IL070	•	·	•					
A.	Development Number and Name PHA Wide	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014			
В.	Physical Improvements Subtotal	Annual Statement	92032	92032	82032	82032			
C.	Management Improvements				10000	10000			
D.	PHA-Wide Non-dwelling Structures and Equipment								
E.	Administration								
F.	Other Fees & Costs		10000	10000	10000	10000			
G.	Operations		30000	30000	30000	30000			
H.	Demolition								
I.	Development								
J.	Capital Fund Financing – Debt Service								
K.	Total CFP Funds		132032	132032	132032	132032			
L.	Total Non-CFP Funds								
M.	Grand Total	132032	132032	132032	132032	132032			

Part	Part I: Summary (Continuation)								
PHA	Name/Number		Locality (City/	county & State)	☐ Original 5-Year Plan ☐ Revision No:				
A.	Development Number and Name	Work Statement for Year 1 FFY	Work Statement for Year 2 FFY	Work Statement for Year 3 FFY	Work Statement for Year 4 FFY	Work Statement for Year 5 FFY			
		Annual Statement							

Part II: Sup	porting Pages – Physica						
Work	W	Vork Statement for Year 2	2	Work Statement for Year: 3			
Statement for		FFY: 2011		FFY: 2012			
Year 1 FFY 2010	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	
See				The state of the s			
Annual	HA-WIDE Operations		\$30000	HA-WIDE Operations		\$30000	
Statement	•						
	HA-WIDE: Site Improvements (Removal of deteriorated sidewalks and parking lots, replace with concrete. Landscaping, removal of trees and addition of drainage systems as needed, storage units.)		\$50000	HA-WIDE: Site Improvements (Removal of deteriorated sidewalks and parking, replace with concrete. Landscaping, removal trees and addition of drainage systems as needed, storage units.)		\$50000	
	HA-Wide: Dwelling Structures (Addition of porches, window replacement, window panel replacement, interior door replacement, entrance door and storm door replacement, door lock replacement.)		\$42032	HA-WIDE: Dwelling Structures (Addition of porches, window replacement, window panel replacement, interior door replacement, entrance and storm door replacement, door lock replacement.)		\$42032	
	Fees and Costs		\$10000	Fees and Costs		\$10000	
		·					

Capital Fund Program—Five-Year Action Plan

Sub	total of Estimated Cost	\$132032	Sub	ototal of Estimated Cost	\$132032

	porting Pages – Physical						
Work	Wo	ork Statement for Year	4	Work Statement for Year: 5			
Statement for	FFY 2013			FFY 2014			
Year 1 FFY 2010	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	
See							
Annual	HA-WIDE Operations		\$30000	HA-WIDE Operations		\$30000	
Statement	HA-WIDE: Site Improvements (Removal of deteriorated sidewalks and parking lots, replace with concrete. Landscaping, removal of trees and addition of drainage systems where needed, storage units.)		\$40000	HA-WIDE: Site Improvements (Removal of deteriorated sidewalks and parking lots, replace with concrete. Landscaping, removal of trees and addition of drainage systems where needed, storage units.)		\$40000	
	HA-WIDE: Dwelling Structures (Addition of porches, window replacement, window panel replacement, interior door replacement, entrance and storm door replacement, door lock replacement, kitchen renovations, bathroom renovations, floor tile replacement.)		\$42032	HA-WIDE: Dwelling Structures (Addition of porches, window replacement, window panel replacement, entrance and storm doors replacement, door lock replacement, kitchen renovations, bathroom renovations, floor tile replacement.)		\$42032	

Page 5 of 8

Capital Fund Program—Five-Year Action Plan

HA-WIDE:		\$10000	HA-WIDE:		\$10000
		\$10000			\$10000
Management			Management		
Improvements (office			Improvement (Office		
carpet and floor tile)			entrance doors replace,		
			floor tile replaced.		
Fees and Costs		\$10000	Fees and Costs		\$10000
Sub	total of Estimated Cost	\$132032	Sul	btotal of Estimated Cost	\$132032

Part III: Sup	porting Pages – Management Needs Worl	x Statement(s)					
Work	Work Statement for Year		Work Statement for Year:				
Statement for	FFY		FFY				
Year 1 FFY	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost			
	General Description of Major Work Categories		General Description of Major Work Categories				
See							
Annual							
Statement							
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$			

Part III: Sup	porting Pages – Management Needs Worl	x Statement(s)					
Work	Work Statement for Year		Work Statement for Year:				
Statement for	FFY		FFY				
Year 1 FFY	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost			
	General Description of Major Work Categories		General Description of Major Work Categories				
See							
Annual							
Statement							
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$			

Part I: S	ummary					
PHA Nam	e: Housing Authority of the	Count Tour and North an				FFY of Grant: 2010
County of	Cumberland	Grant Type and Number	050110			FFY of Grant Approval: 2010
		Capital Fund Program Grant No: IL06P07	050110			
		Replacement Housing Factor Grant No: Date of CFFP:				
		Date of CFFP:				
Type of G	rant					
Origin	al Annual Statement	Reserve for Disasters/Emergencies		Revised Annual Staten		
	mance and Evaluation Report		1	☐ Final Performance and		
Line	Summary by Development A	Account		Total Estimated Cost		al Actual Cost 1
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exc	ceed 20% of line 21) 3	30000	00.00	00.00	00.00
3	1408 Management Improvement	ents				
4	1410 Administration (may not	t exceed 10% of line 21)				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		10000	00.00	00.00	00.00
8	1440 Site Acquisition					
9	1450 Site Improvement		42032	00.00	00.00	00.00
10	1460 Dwelling Structures		50000	00.00	00.00	00.00
11	1465.1 Dwelling Equipment—	-Nonexpendable				
12	1470 Non-dwelling Structures	S				
13	1475 Non-dwelling Equipmer	nt				
14	1485 Demolition					
15	1492 Moving to Work Demor	nstration				
16	1495.1 Relocation Costs					
17	1499 Development Activities	4				

Page1 form **HUD-50075.1** (4/2008)

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U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Expires 4/30/2011

Part I: S	ummary				•
PHA Nam Housing A of the Cou Cumberlan	tuthority nty of Grant Type and Number Capital Fund Program Grant No: IL.06P07050110			FFY of Grant 2010 FFY of Grant Approval: 2010	
Type of G					
Origi	nal Annual Statement Reserve for Disasters/Emergence	ies		Revised Annual Statement (revision no:)
	rmance and Evaluation Report for Period Ending: 12/31/2009			☐ Final Performance and Evaluation Rep	
Line	Summary by Development Account	0.11	Total Estimated Cost		Actual Cost 1
		Origina	l Revised	Obligated Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	132032	00.00	00.00	00.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signatur	e of Executive Director Date	12/11/2009	Signature of Public H	ousing Director	Date

Page2 form **HUD-50075.1** (4/2008)

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Part II: Supporting Page	5								
PHA Name: Housing Authority of the County of Cumberland		Grant Type and Number Capital Fund Program Grant No: IL06P07050110 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal l	Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estim	ated Cost	Total Actual	Cost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Operations		1406		30000	00.00	00.00	00.00	
PHA Wide	A/E Services		1430		10000	00.00	00.00	00.00	
PHA Wide	Site Improvement		1450		42032	00.00	00.00	00.00	
PHA Wide	Dwelling Structures		1460		50000	00.00	00.00	00.00	

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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages	1									
PHA Name: Housing Authority of the County of Cumberland		Grant Type and Number Capital Fund Program Grant No: IL06P070501 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal I	Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estima	ated Cost	Cost Total Actual Cost		Status of Work	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		

Page4 form **HUD-50075.1** (4/2008)

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Sch	edule for Capital Fund	Financing Program			
PHA Name: Housing Author		Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	09/30/2012		09/30/2014		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

A Name:	Federal FFY of Grant:				
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: S	ummary					
	e: Housing Authority of the Cumberland	Grant Type and Number Capital Fund Program Grant No: IL06P07 Replacement Housing Factor Grant No: Date of CFFP:	7050109			FFY of Grant: 2009 FFY of Grant Approval: 2009
⊠ Perfor	al Annual Statement [mance and Evaluation Report	Reserve for Disasters/Emergencies for Period Ending: 12/31/2009			e and Evaluation Report	
Line	Summary by Development A	Account		Total Estimated Cost		otal Actual Cost 1
	The state of the s		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exc	ceed 20% of line 21) ³	30000	00.00	00.00	00.00
3	1408 Management Improvement	ents				
4	1410 Administration (may not	t exceed 10% of line 21)				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		10000	00.00	00.00	00.00
8	1440 Site Acquisition					
9	1450 Site Improvement		42032	00.00	00.00	00.00
10	1460 Dwelling Structures		50000	00.00	00.00	00.00
11	1465.1 Dwelling Equipment—	-Nonexpendable				
12	1470 Non-dwelling Structures	S				
13	1475 Non-dwelling Equipmer	nt				
14	1485 Demolition					
15	1492 Moving to Work Demor	nstration				
16	1495.1 Relocation Costs					
17	1499 Development Activities	4				

Page1 form **HUD-50075.1** (4/2008)

 ¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Expires 4/30/2011

Part I: S	ummary				•		
PHA Nam Housing A of the Cou Cumberlan	uthority nty of Grant Type and Number Capital Fund Program Grant No: IL.06P07050109		FFY of Grant:2009 FFY of Grant Approval: 2009				
Type of G	rant						
	nal Annual Statement Reserve for Disasters/Emergenci	es	□ R	evised Annual Statement (revision no:)		
Performance and Evaluation Report for Period Ending: 12/31/2009							
Line	Summary by Development Account	0.1.	Total Estimated Cost		Actual Cost 1		
		Origina	Revised	² Obligated	Expended		
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)	132032	00.00	00.00	00.00		
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signatur	re of Executive Director Date	12/11/2009	Signature of Public Ho	ousing Director	Date		

Page2 form **HUD-50075.1** (4/2008)

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages	5									
PHA Name: Housing Authoity of the County of Cumberland			Grant Type and Number Capital Fund Program Grant No: IL06P07050109 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Work Development Quantity Total Estimated Control Account No.		ated Cost	Cost Total Actual Cost St		Status of Work		
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
PHA Wide	Operations		1406		30000	00.00	00.00	00.00		
PHA Wide	A/E Services		1430		10000	00.00	00.00	00.00		
PHA Wide	Site Improvement		1450		42032	00.00	00.00	00.00		
PHA Wide	Dwelling Structures		1460		50000	00.00	00.00	00.00		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages	1								
PHA Name: Housing Authority of the County of Cumberland		Grant Type and Number Capital Fund Program Grant No: IL06P070501 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal I	Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estima	ated Cost	Total Actual Cost		Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

Page4 form **HUD-50075.1** (4/2008)

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program									
PHA Name: Housing Author		Federal FFY of Grant: 2009							
Development Number Name/PHA-Wide Activities		l Obligated Ending Date)		ls Expended Ending Date)	Reasons for Revised Target Dates ¹				
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date					
PHA Wide	09/30/2011		09/30/2013						

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

A Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		(Quarter I	s Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

	Summary						
	me: Housing Authority of the f Cumberland Grant Type and Number Capital Fund Program Grant No: ILC Replacement Housing Factor Grant Date of CFFP:	06S07050109 No:			FFY of Grant: 2009 FFY of Grant Approval: 2009		
	Grant nal Annual Statement Reserve for Disasters/Emergencie ormance and Evaluation Report for Period Ending: 12/31/2009	s	☐ Revised Annual Staten ☐ Final Performance	nent (revision no: e and Evaluation Report			
Line	Summary by Development Account	To	otal Estimated Cost	T	Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended		
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	00.00	00.00	00.00	00.00		
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	15316.28	00.00	15316.28	15316.28		
8	1440 Site Acquisition						
9	1450 Site Improvement	152348.72	00.00	152348.72	133937.35		
10	1460 Dwelling Structures	00.00	00.00	00.00	00.00		
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						
15	1492 Moving to Work Demonstration 1495.1 Relocation Costs						

Page1 form **HUD-50075.1** (4/2008)

 ¹ To be completed for the Performance and Evaluation Report.
 ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Expires 4/30/2011

Part I: S	ummary				•		
PHA Nam Housing A of the Cou Cumberlan	uthority nty of Grant Type and Number Capital Fund Program Grant No: IL.06S07050109		FFY of Grant Approval: 2009				
Type of G							
	nal Annual Statement Reserve for Disasters/Emergenci	es	□R	evised Annual Statement (revision no:)		
Performance and Evaluation Report for Period Ending: 12/31/2009							
Line	Summary by Development Account		Total Estimated Cost		Actual Cost 1		
		Original	Revised	2 Obligated	Expended		
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)	167665	00.00	167665	149253.63		
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signatur	re of Executive Director Date	12/11/2009	Signature of Public Ho	ousing Director	Date		

Page2 form **HUD-50075.1** (4/2008)

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages	1									
PHA Name: Housing Authority of the County of Cumberland		Grant Type and Number Capital Fund Program Grant No: IL06S07050109 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal l	Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
PHA Wide	A/E Fees		1430		15316.28	00.00	15316.28	15316.28		
PHA Wide	Site Improvement		1450		152348.72	00.00	152348.72	133937.35		
	-									
· · · · · · · · · · · · · · · · · · ·										

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
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Part II: Supporting Pages	1								
PHA Name: Housing Authority of the County of Cumberland		Grant Type and Number Capital Fund Program Grant No: IL06P070501 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal I	Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estima	ated Cost	Total Actual Cost		Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

Page4 form **HUD-50075.1** (4/2008)

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Sch	edule for Capital Fund	Financing Program			
PHA Name: Housing Author					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter I	l Obligated Ending Date)		s Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	09/30/2010		09/30/2012		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

A Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	(Quarter I	l Obligated Ending Date)	(Quarter I	s Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: S	Summary					
	ne: Housing Authority of the Cumberland	Grant Type and Number Capital Fund Program Grant No: IL06P Replacement Housing Factor Grant No: Date of CFFP:	07050108			FFY of Grant: 2008 FFY of Grant Approval: 2008
□ Perfor	nal Annual Statement [rmance and Evaluation Report	Reserve for Disasters/Emergencies for Period Ending: 12/31/2009		Revised Annual Stateme Final Performance	and Evaluation Report	
Line	Summary by Development A		Total Actual Cost 1			
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exc		30000	30000	30000	00.00
3	1408 Management Improvement	ents				
4	1410 Administration (may not	exceed 10% of line 21)				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		10000	17881.57	17881.57	14586.57
8	1440 Site Acquisition					
9	1450 Site Improvement		92458	84576.43	46214.92	00.00
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—	-Nonexpendable				
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipmer	nt				
14	1485 Demolition					
15	1492 Moving to Work Demor	nstration				
16	1495.1 Relocation Costs					
17	1499 Development Activities	4				

Page1 form **HUD-50075.1** (4/2008)

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Expires 4/30/2011

Part I: S	ummary				•				
PHA Name Housing A of the Cour Cumberlan	uthority nty of Grant Type and Number Capital Fund Program Grant No: IL.06P07050108			FFY of Grant:2008 FFY of Grant Approval: 2008					
Type of Gi									
	nal Annual Statement Reserve for Disasters/Emergenci	es	□R	evised Annual Statement (revision no:)				
Performance and Evaluation Report for Period Ending: 12/31/2009									
Line	Summary by Development Account		Total Estimated Cost		Actual Cost 1				
		Origina	Revised	² Obligated	Expended				
18a	1501 Collateralization or Debt Service paid by the PHA								
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment								
19	1502 Contingency (may not exceed 8% of line 20)								
20	Amount of Annual Grant:: (sum of lines 2 - 19)	132458	132458	94096.49	14586.57				
21	Amount of line 20 Related to LBP Activities								
22	Amount of line 20 Related to Section 504 Activities								
23	Amount of line 20 Related to Security - Soft Costs								
24	Amount of line 20 Related to Security - Hard Costs								
25	Amount of line 20 Related to Energy Conservation Measures								
Signatur	Signature of Executive Director Date 12/11/2009 Signature of Public Housing Director Date								

Page2 form **HUD-50075.1** (4/2008)

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Page	s									
PHA Name: Housing Authority of the County of Cumberland		Capital F CFFP (Y	ype and Number Fund Program Grant N (es/ No): nent Housing Factor (08	Federal	Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Wo		Vork Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
Activities					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
PHA Wide	Operations		1406		30000	30000	30000	00.00		
PHA Wide	A/E Services		1430		10000	17881.57	17881.57	14586.57		
PHA Wide	Site Improvement		1450		92458.00	84576.43	46214.92	00.00		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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Part II: Supporting Pages										
PHA Name:		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal I	Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		

Page4 form **HUD-50075.1** (4/2008)

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

PHA Name: Housing Author					Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)			s Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	09/30/2010		09/30/2012		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

A Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	(Quarter I	l Obligated Ending Date)	(Quarter I	s Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

	Summary				
	me: Housing Authority of the of Cumberland Grant Type and Number Capital Fund Program Grant No Replacement Housing Factor Grant On Date of CFFP:	o: IL06P07050107 rant No:			FFY of Grant 2007 FFY of Grant Approval: 2007
☐ Perfo	inal Annual Statement		☐ Revised Annual Stateme ☑ Final Performance and	Evaluation Report	
Line	Summary by Development Account		Otal Estimated Cost		Total Actual Cost 1
1	The Land Company	Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	40825.25	40825.25	40825.25	40825.25
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	24973.56	8273.56	8273.56	8273.56
8	1440 Site Acquisition				
9	1450 Site Improvement	53658.63	49024.46	49024.46	49024.46
10	1460 Dwelling Structures	6039.56	27373.73	27373.73	27373.73
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

Page1 form **HUD-50075.1** (4/2008)

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⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Expires 4/30/2011

Part I: S	ummary				•				
PHA Name Housing A of the Cour Cumberlan	uthority nty of Grant Type and Number Capital Fund Program Grant No: IL.06P07050107			FFY of Grant Approval: 2007					
Type of Gi									
Origi	nal Annual Statement Reserve for Disasters/Emergence	ies	□ R	evised Annual Statement (revision no:)				
Performance and Evaluation Report for Period Ending:									
Line	Summary by Development Account	0.1.1	Total Estimated Cost		Actual Cost 1				
		Origina	l Revised	² Obligated	Expended				
18a	1501 Collateralization or Debt Service paid by the PHA								
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment								
19	1502 Contingency (may not exceed 8% of line 20)								
20	Amount of Annual Grant:: (sum of lines 2 - 19)	125497	125497	125497	125497				
21	Amount of line 20 Related to LBP Activities								
22	Amount of line 20 Related to Section 504 Activities								
23	Amount of line 20 Related to Security - Soft Costs								
24	Amount of line 20 Related to Security - Hard Costs								
25	Amount of line 20 Related to Energy Conservation Measures								
Signatur	Signature of Executive Director Date 01/25/2010 Signature of Public Housing Director Date								

Page2 form **HUD-50075.1** (4/2008)

¹ To be completed for the Performance and Evaluation Report.

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Page	s								
PHA Name: Housing Au Cumberland	Grant Type and Number Capital Fund Program Grant No: IL06P07050107 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal 1	Federal FFY of Grant: 2007			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estim	ated Cost	Total Actual	Cost	Status of Work
Activities					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Operations		1406		40825.25	40825.25	40825.25	40825.25	
HA Wide	Fees and Costs		1430		8273.56	8273.56	8273.56	8273.56	
IL070002	Site Improvements		1450		49024.46	49024.46	49024.46	49024.46	
IL070002	Dwelling Structures		1460		27373.73	27373.73	27373.23	27373.73	
				1					
				1					
				1					

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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Office of Public and Indian Housing
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Part II: Supporting Pages										
PHA Name:		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal I	Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		

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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Sch	edule for Capital Fund	l Financing Program			
PHA Name: Housing Author					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	Name/PHA-Wide (Quarter Ending Date) Activities		All Fund (Quarter)	ls Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	09/30/2009	09/30/2009	09/30/11	12/31/2009	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

A Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		(Quarter I	s Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: S	Summary					
	ne: Housing Authority of the Cumberland	Grant Type and Number Capital Fund Program Grant No: IL06PC Replacement Housing Factor Grant No: Date of CFFP:	07050106			FFY of Grant: 2006 FFY of Grant Approval: 2006
☐ Perfor	nal Annual Statement [mance and Evaluation Report	nent (revision no:) I Evaluation Report				
Line	Summary by Development A	Account		Total Estimated Cost		Total Actual Cost 1
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exc		30000		30000	30000
3	1408 Management Improvement	ents				
4	1410 Administration (may not	exceed 10% of line 21)				
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		10000		10000	10000
8	1440 Site Acquisition					
9	1450 Site Improvement		89160		89160	89160
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—	-Nonexpendable				
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipmer	nt				
14	1485 Demolition					
15	1492 Moving to Work Demor	stration				
16	1495.1 Relocation Costs					
17	1499 Development Activities	4				

Page1 form **HUD-50075.1** (4/2008)

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Expires 4/30/2011

Part I: S	ummary					
PHA Nam Housing A of the Cou Cumberlan	authority inty of Capital Fund Program Grant No: IL06P07050106 Capital Fund Program Grant No: Popular Program Grant No: IL06P07050106			FFY of Grant:2006 FFY of Grant Approval: 2006		
Type of G	rant					
Origi	inal Annual Statement Reserve for Disasters/Emergence	es	□ R	tevised Annual Statement (revision no:)	
Perfo	ormance and Evaluation Report for Period Ending:		\boxtimes F	inal Performance and Evaluation Report		
Line	Summary by Development Account		Total Estimated Cost		Actual Cost 1	
		Origina	l Revised	Obligated Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	129160		126160	129160	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director Date 12/11/2009 Signature of Public Housing Director Date						

Page2 form **HUD-50075.1** (4/2008)

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Page	s								
PHA Name: Housing Authority of the County of Cumberland			Grant Type and Number Capital Fund Program Grant No: IL06P07050106 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		ork Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
Activities					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Operations		1406		30000		30000	30000	
HA Wide	Fees and Costs		1430		10000		10000	10000	
IL070002	Site Improvements		1450		89160		89160	89160	
.									

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages									
PHA Name:		Capital Fu	rpe and Number und Program Grant No: es/ No): eent Housing Factor Gra			Federal I	FY of Grant:		
Development Number Name/PHA-Wide Activities	Number General Description of Major Categories		Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

Page4 form **HUD-50075.1** (4/2008)

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

edule for Capital Fund	Financing Program							
PHA Name: Housing Authority of the County of Cumberland								
		All Fund (Quarter l	ls Expended Ending Date)	Reasons for Revised Target Dates ¹				
Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date					
09/30/2008	09/30/2008	09/30/2010	12/31/2009					
	All Fund (Quarter I Original Obligation End Date	All Fund Obligated (Quarter Ending Date) Original Actual Obligation Obligation End End Date Date	All Fund Obligated (Quarter Ending Date) Original Actual Obligation Obligation End Date Ontigen End Date All Fund Obligated (Quarter Indicate) Original Expenditure End Date Ontigen End Date Ontigen End Date	All Fund Obligated (Quarter Ending Date) Original Obligation End Date All Funds Expended (Quarter Ending Date) Original Expenditure End Date Original Expenditure End Date Original Expenditure End Date				

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

A Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		(Quarter I	s Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Attachment il070c02

Amendments to Procurement Policy America Reinvestment and Recovery Act Requirement

Amendment A to Procurement Policy

Since the Housing Authority of the County of Cumberland is receiving funding from American Recovery and Reinvestment Act of 2009 (Recovery Act) that was signed into law by President Obama on February 17th, 2009; and

Since HUD published PIH Notice 2009-12 stating that a PHA shall amend its procurement policy to facilitate obligation and expenditure of Recovery Act Funds; and

Since it is our intentions to comply with HUD requirements,

Be it hereby resolved that the Housing Authority of the County of Cumberland amends its Procurement Policy when dealing solely with Recovery Act funding to authorize our Contracting Officer to ignore state and local procurement requirements as expressed in our Procurement Policy except where permitted by 24 CFR 85 (i.e.,conflict of interest and bid protect procedures).

In addition, The sentence that reads "In the event an applicable law or regulation is modified or eliminated, or a new law or regulation is adopted, the revised law or regulation shall, to the extent inconsistent with these Policies, automatically supersede these Policies" contained in the Changes in Laws and Regulations Section under General Provisions is suspended solely for procurements made with Recovery Act funding.

This resolution shall become effective immediately and shall become an addendum to our Procurement Policy.

Amendment B to Procurement Policy

BE IT RESOLVED by the Board of Commissioners of the Housing Authority of the County of Cumberland that the Housing Authority of the County of Cumberland will follow Buy American requirements of section 1605 of the Recovery Act and use only iron, steel and manufactured goods produced in the United States in their projects whenever possible.

THE HOUSING AUTHORITY

Of the County of Cumberland, Illinois

P. O. Box 160 TOLEDO, ILLINOIS 62468 (217) 849-2071 FAX (217) 849-3030

REX LINDLEY, Chairman MICHAEL FLETCHER, Vice Chairman JAMES WILLIAM CLINE BRAD FITCH STEVE MAROON SHARON TROSTLE, Executive Director

Attachment il070b02

As Executive Director of the Housing Authority of the County of Cumberland I hereby certify that the Authority has met the requirements of the Carbon Monoxide Alarm Detector Act by installing combination Carbon Monoxide/Smoke Alarms that are hard wired with battery back up in all units.

HOUSING AUTHORITY OF THE COUNTY OF CUMBERLAND

VIOLENCE AGAINST WOMEN POLICY

The Housing Authority of the County of Cumberland advises all residents of the existence of VAWA by having brochures available in the reception area of the office available to all applicants/residents at all times.

As mandated by the Violence Against Women Act & Department of Justice Reauthorization Act of 2005 (VAWA), the Housing Authority of the County of Cumberland will not evict or remove assistance from victims of domestic violence, dating violence, sexual assault, and stalking, or members of their households who are a party to the victims' dwelling lease, and are living in public housing, if the asserted grounds of any proposed action is solely the occurrence of any of the above mentioned behaviors alone, and provided that the alleged victim reports the act(s) of violence to HACC and completes and returns the Certification of Domestic Violence, Dating Violence, or Stalking within the required 14 business days after the required form is delivered to him or her.

The Housing Authority of the County of Cumberland will require any tenant who alleges he or she is a victim of domestic violence, dating violence, sexual assault, and stalking, to sign a form certifying that the alleged abuse was bona fide.

Based on the intent of the law, this policy addresses acts of domestic violence and physical or sexual abuse directed toward all victims regardless of age or sex.

The Housing Authority of the County of Cumberland has and will continue to work with the Coalition Against Domestic Violence thru referrals, follow ups and feedback.

Attachment il070m02 - 2010 PHA PLAN

Housing Authority of the County of Cumberland – IL070 $\,$

Financial Resources – Planned Sources and Uses

SUBSIDY 2010

Public Housing Operating Fund	204,564
Section 8 Vouchers	30,105
CAPITAL FUNDING GRANTS	
IL06P070501-08	132,458
IL06P070501-09	132,032
PHA DWELLING RENTAL INCOME	223,000
OTHER INCOME	
Surcharges for Excess Utilities	6,210
TOTAL RESOURCES	728,369